

DEPARTMENT OF JUSTICE
Office of Consumer Protection
2225 11th Avenue
PO BOX 200151
Helena, MT 59620-0151
Phone: (406) 444-4500
1-800-481-6896

Unauthorized Practice of Law Complaint Form

To submit your complaint:

1. Fill out this form as completely as possible, sign it and mail the **signed original** (not a copy) to the Office of Consumer Protection. Keep a copy for your own records.
2. Enclose photocopies of all documents relevant to your complaint, such as fee agreements, invoices, billing statements, etc. In this case, **do not send originals**.

1. NAME AND ADDRESS OF COMPLAINING PARTY:

Name: _____

Address: _____

Daytime Phone No. (_____) _____ Other Phone No. (_____) _____

2. NAME AND ADDRESS OF RESPONDENT (Person or business you believe has engaged in unauthorized practice of law):

Name: _____

Address: _____

Phone No(s). (_____) _____

3. ACTIVITY ENGAGED IN OR WORK PERFORMED BY RESPONDENT WHICH YOU BELIEVE IS THE PRACTICE OF LAW:

[] Advertising legal services or holding out as attorney (attach copy of letterhead, advertisement, business card, correspondence, pleadings or other material)

[] Giving legal advice for a fee

[] Preparing legal documents, with or without payment of a fee

[] Representation in a legal matter heard by a court or other tribunal

4. PLEASE DESCRIBE IN DETAIL THE ACTIVITY WHICH IS THE SUBJECT OF YOUR COMPLAINT.

(Continue on a separate page if you need more space. Please attach **copies** of any documents that may help explain your complaint.)

5. DID YOU PAY THE RESPONDENT FOR LEGAL SERVICES? _____ Yes _____ No

PLEASE ATTACH A COPY OF ANY WRITTEN FEE AGREEMENT, INVOICES, BILLING STATEMENTS, ETC., AND ESTIMATE HOW MUCH MONEY YOU PAID.

6. LIST NAMES, ADDRESSES AND PHONE NUMBERS OF ANY PERSONS WHO MAY BE ABLE TO PROVIDE ADDITIONAL INFORMATION CONCERNING THIS COMPLAINT.

NOTE: If you desire legal advice, we suggest you contact a private attorney to handle your complaint.

I understand that:

the State has full discretion concerning its acceptance, investigation and resolution of this complaint;
the State cannot act as my attorney; and
no attorney/client relationship is established as a result of any activities undertaken on my behalf.

I hereby:

affirm that this complaint is true and correct to the best of my knowledge; and
authorize the use of my name and this complaint in investigating the company or individual complained of.

DATE: _____ SIGNED: _____

Optional:

Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60
2. Are you disabled? Yes () No ()
3. If you are a minority member, designate which:

